



DATE: _____

TO: MADERA COUNTY ASSESSOR'S OFFICE

**200 WEST 4TH STREET
MADERA, CA 93637**

FAX: (559) 675-7654

THIS IS TO AUTHORIZE _____

TO INSPECT PROPERTY RECORDS IN YOUR POSSESSION PERTAINING TO
LAND AND/OR IMPROVEMENTS OWNED BY ME.

ASSESSORS PARCEL NUMBER: _____

ADDRESS: _____

THIS AUTHORIZATION EXPIRES: _____

SIGNED: _____, OWNER

PRINTED NAME: _____

DAY PHONE: _____

ADDITIONAL ASSESSOR'S PARCEL NUMBERS: _____
